



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Khosrow Golshan

Title:

METHOD AND APPARATUS FOR

OPTICAL PROCESSING

Appl. No.:

To Be Determined

Filing Date:

To Be Determined

Examiner:

To Be Determined

Art Unit:

To Be Determined

CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231. EL564116739US (Date of Deposit) Shirley Miksa (Printed Name) (Signature)

UTILITY PATENT APPLICATION TRANSMITTAL

Assistant Commissioner for Patents Box PATENT APPLICATION Washington, D.C. 20231

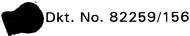
Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Khosrow Golshan

Enclosed are:

- [X] Specification, Claim(s), and Abstract (20 pages).
- [X] Informal drawings (7 sheets, Figures 1-8).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention to Conexant Systems, Inc..
- [X] Assignment Recordation Cover Sheet.
- [X] Check in the amount of \$40.00 for Assignment recordation.
- [] Small Entity statement.
- [X] Information Disclosure Statement.
- [X] Form PTO-1449 with copies of 0 listed reference(s).



The filing fee is calculated below:

	Claims as Filed		ncluded in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$690.00		\$690.00
Total Claims:	46	-	20	=	26	x	\$18.00	=	\$468.00
Independents:	5		3	=	2	×	\$78.00	=	\$156.00
If any Multiple Dependent Claim(s) present: + \$260.00							=	\$0.00	
							SUBTOTAL:	=	\$1314.00
[]	Small	Enti	ty Fees A	Apply	/ (subtra	ct ½	of above):	=	\$0.00
					TOT	AL F	FILING FEE:	=	\$1314.00

- A check in the amount of \$1314.00 to cover the filing fee is enclosed. [X]
- The required filing fees are not enclosed but will be submitted in response to the [] Notice to File Missing Parts of Application.
- The Assistant Commissioner is hereby authorized to charge any additional fees [X] which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

August 02, 2000

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